

Manchester City Library
405 Pine Street, Manchester NH 03104 (603)-624-6550 – Fax: (603)-624-6559
76 N. Main Street, Manchester NH 03102 – (603)-624-6560 – Fax (603)624-6216
Mary Gallant – mgallant@manchesternh.gov

Meeting Room Application

Requests for meeting rooms must be:

1. Submitted in writing using the application below or booked online
2. Accompanied by applicable fees and deposits
3. Received by the Manchester City Library

The meeting room will be reserved for your organization *when you receive a phone call or are confirmed online from the Manchester City Library.*

Name of Group or Organization_____

Description of program_____

Open to the Public?_____Non-profit status? _____Non-profit number _____

Contact Name_____Contact Phone_____

Contact Fax_____E-Mail_____

Contact Address (if different from
organization's) _____

EVENT TIME Start _____ Event End _____

TOTAL ROOM TIME Setup Start _____ Clean-up End _____

DATE_____

WHICH ROOM WOULD YOU LIKE?:_____

HUNT ROOM – HOLDS UP TO 15 PEOPLE - FEE \$50.00

WINCHELL ROOM – HOLDS UP TO 50 PEOPLE - FEE \$100.00 – FOOD AND DRINK MAY
BE SERVED – USAGE FEE FOR KITCHEN - \$10.00

AUDITORIUM – HOLDS UP TO 175 PEOPLE – FEE IS \$100.00 – USAGE FEE FOR PIANO
IS \$90.00

WEST ROOMS - \$50.00

Organization Address_____

Organization/Event Website_____

Expected attendance_____

Room set-up _____

Check Equipment needed:

Chairs_____Tables _____Projector (Auditorium Only)_____Overhead_____

Screen _____Microphone_____Piano _____Small Table_____Portable VCR_____

Easel_____ (Paper for the easel is not provided. Please bring some. Thank you.)

If showing film, do you have Performance Rights? – Please note the library’s licenses do not cover outside groups. Yes/No (Please circle one)

I have read and fully understand the policies, rules and disclaimers pertaining to the use of the Manchester City Library meeting rooms. I agree to be responsible for complying with them and making payments as called for herein.

SIGNATURE:_____ **Date**_____

Library usage: Application Received_____ Approved_____ Fees Paid_____

Date of payment received_____

**FAILURE TO COMPLETE FORM AND PAY ALL FEES ONE WEEK IN ADVANCE FORFEITS
BOOKING OF THE LIBRARY ROOMS.**